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EDITED BY JAMES BRYAN, A. M., M. D.

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"Omnes boni Medici ad ea remedia Semper confugient, quæ CERTA EXPERIENTIA probasse comprobaverit."

DR. GREGORY.

A young man who commences his professional life without reading the Journals, is like a traveller starting on a long journey without chart or compass: he will soon be lost in the way.

EDITOR.

ARTICLE LV.—*Premature Delivery.* Read before the Medico-Chirurgical College, by Dr. LICHAU.

A. C., æt. 22, a well-formed woman, formerly always healthy, $2\frac{1}{2}$ years married, was delivered $1\frac{3}{4}$ years ago, of a child, which died 14 days after birth. She became pregnant a second time; the pregnancy continued normal until the middle of the 7th month, when she was attacked with *Icterus*. As no other cause could be discovered, and as the treatment directed against *Icterus catarrhalis* (which I concluded it was) was without effect, I was compelled to believe that its origin lay in the pressure of the uterus on the liver and gall-ducts. I therefore proposed artificial premature labor, which was cautiously adopted. In order to prepare her system I gave several doses of magnesia sulphas to purge and at the same time act on the secretions of the genital mucous membrane. After this, the patient received daily two baths, (28°R.) during which warm water injections were applied to the vagina, in order to relax the vaginal portion of the uterus and the vagina. After each bath a calve's bladder, filled with water at 32°R. , was introduced into the vagina; a compress applied to the vulva, and the thighs approximated. The bladder acts as an elastic tampon, and keeps the va-

ginal mucous membrane always moist. The external os uteri dilated after the third, and the internal after the fourth bath.

Labor pains, which first showed themselves shortly after the second bath, now followed each other rapidly and were effective; so that I deemed further bathing unnecessary, and only applied a few injections of warm water between the edge of the uterus and the foetal membranes.

On the third day, the woman was delivered of a female child, which unhappily died eighteen hours after delivery. The child-bed was normal. A post mortem examination of the child, which suffered from Icterus, was refused. The yellow discoloration of the mother disappeared entirely four days after delivery.

I consider this method as one of the best to procure premature delivery, inasmuch as it is a general as well as a local one; is less severe than many others; and requires little manual dexterity for an operation seldom practised.

If we compare this with other methods, we will find many points of preference, as it is more easily carried out, and has in all cases, which I have yet observed, been effective.

Thus the *conical sponge* (Bruwighausen Fluge) is often, in consequence of abnormal position of the orificium uteri, undilatability or firm closure of the os uteri, totally inapplicable.

Puncture of the Membranes (Leheel) is more difficult of performance, and dangerous from the liability to injure the mother or child. Beside that, injury may result to the foetus from hindrance of its movements in consequence of the draining off of the liquor amnii, and thus the position and *habitus* of the child become faulty; the child's body may also be pressed upon by the walls of the uterus.

In *Kerwisk's Injection method*, the general treatment is wanting, by means of which the entire Dermoid system is relaxed; beside that, is not as convenient as a simple or uterine syringe.

The application of so-called *Abortion medicines* is to be rejected, as the physiological action of the same has not as yet been determined with sufficient accuracy. *Schæler's Tampon* cannot be endured by sensitive persons, on account of the pain caused by the irritation of the ring.

Skarzon's Breast Glasses often give rise to sickening and cramping pains.

The *injection of fluids between the membranes and the walls of the uterus*, is represented as being a means of causing a speedy ex-

pulsion of the foetus. In this case, however, we must use forcible means to open the mouth of the uterus:

The *application of galvanism*, has as yet, as far as we have learned, only resulted in a dead foetus.

About the newly recommended *application of carbonic acid* to procure premature expulsion, I do not as yet possess any authentic accounts.

Having thus pointed out the disadvantages of these different methods, as contrasted with that mentioned above, I deem that I sufficiently recommend it.

Philadelphia, January 1858:

ART. LVI.—*Blockley Hospital Report*. Prepared for the Philadelphia Medical and Surgical Journal by the Resident Physicians.

Philadelphia Hospital, Jan. 21, 1858.

DR. JAS. BRYAN:

My Dear Sir—I send you the reports of White Women's Medical, Women's Drunkards, Black Women's Venereal, Black Obstetrical, White Women's Venereal, Black Women's Medical and White Obstetrical Wards, from October 1st, 1857, to January 1st, 1858.

Yours truly,

JAMES MCCLINTOCK,
Chief Resident Physician.

Report of White Women's Medical Ward, from October 1, 1857, to January 1, 1858.

DIAGNOSIS.	No. treated.	No. disch'd.	No. dead.	No. rem'g.
Anasarca, - - -	5	4	1	0
Ascites, - - -	2	1	1	0
Anemia, - - -	1	1	0	0
Arachnitis, - - -	1	0	1	0
Anteversio of Uterus, -	1	0	0	1
Bronchitis, - - -	4	4	0	0
Cynanche Trachealis, -	2	2	0	0
Chronic Diarrhoea, - -	3	0	3	0
Catarrh, - - -	5	5	0	0
Cancer of Stomach, - -	1	0	1	0

DIAGNOSIS.	No. treated.	No. disch'd.	No. dead.	No. rem'g.
Dysentery, - - -	4	4	0	0
Do. Chronic, - -	1	0	1	0
Debility and Chronic Diarrhœa,	7	6	1	0
Diarrhœa, - - -	2	2	0	0
Erysipelas, - - -	1	1	0	0
Ecchymosis of Shoulder, -	2	2	0	0
Epilepsy, - - -	2	2	0	0
Fever, Intermittent, -	15	15	0	0
“ “ and Plurisy,	1	1	0	0
“ Typhoid, - - -	2	1	0	1
“ Remittent & Menorrhagia,	1	0	0	1
“ “ - - -	4	4	0	0
Fracture of Femur, - - -	1	1	0	0
Gonorrhœa, - - -	3	3	0	0
Hemiplegia, - - -	3	1	0	2
Hypocondriasis, - - -	4	4	0	0
Hæmorrhoids, - - -	2	2	0	0
Do. and Amenorrhœa,	1	1	0	0
Hæmoptysis, - - -	1	1	0	0
Hemicrania, - - -	1	1	0	0
Hysteria, - - -	1	1	0	0
Indigestion, - - -	3	3	0	0
Inguinal Hernia, - - -	1	1	0	0
Insanity, - - -	2	2	0	0
Leucorrhœa, - - -	2	2	0	0
Lues Bacchi, - - -	14	14	0	0
Menorrhagia, - - -	2	2	0	0
Morbi Simulati, - - -	8	8	0	0
Neuralgia, - - -	7	7	0	0
Paraplegia, - - -	1	0	0	1
Prolapsus Uteri, - - -	8	8	0	0
Palpitation of Heart, -	1	1	0	0
Phthisis Pulmonalis, -	23	7	12	0
Peritoneal Inflammation, -	1	1	0	0
Pleurisy, - - -	1	1	0	0
Paralysis, - - -	1	0	0	1
Phrenitis, - - -	1	0	1	0
Pneumonia, double, -	1	0	0	1
Rheumatism, acute, -	3	2	0	1
Do. Sub., - - -	12	11	0	1
Do. Heart, - - -	1	0	1	0
Do. and Menorrhagia,	1	0	0	1
Do. and Infla. Os Uteri,	1	1	0	0

DIAGNOSIS.	No. treated.	No. disch'd.	No. dead.	No. rem'g.
Secondary Syphilis,	- 3	3	0	0
Schirus of Uteris,] -	- 1	1	0	0
Tenia Capitis, -	- 3	2	0	1
Tonsilitis Pharyngitis, &c.,	1	0	0	1
Ulceration of Os Uteri, -	2	2	0	0
	<u>190</u>	<u>150</u>	<u>23</u>	<u>17</u>

SUMMARY.

No. treated,	190	No. discharged,	150
		No. dead,	23
		No. remaining,	17
	<u>190</u>		<u>190</u>

JAS. G. CHRISTIE, M. D.,

GEO. J. McLEOD, M. D.,

January 1st, 1858.

Assistant Resident Physicians.

NOTE.—Among the deaths recorded in the above report there were *two* patients who lived but one day after admission, and one who lived two days.

There were in the Ward two deliveries, one at full period of gestation, the other five months. In the latter instance the mother was dying with arachnitis.

Report of Women's Drunkard's Ward, from October 1, 1857, to January 1, 1858.

DIAGNOSIS.	No. treated.	No. disch'd.	No. dead.	No. rem'g.
Debauch, -	- 31	31	0	0
Delirium Tremens, -	- 9	9	0	0
Epilepsy, -	- 2	2	0	0
Insanity, -	- 3	3	0	0
Mania-a-Potu, -	- 5	5	0	0
	<u>50</u>	<u>50</u>	<u>0</u>	<u>0</u>

SUMMARY.

No. treated,	50	No. discharged,	50
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J. G. CHRISTIE, M. D.,

GEO. J. McLEOD, M. D.,

Phila., Jan. 1st, 1858.

Assistant Resident Physicians.

NOTE.—One patient was delivered in this Ward of a child in the fifth month of gestation. Child still-born and mother transferred to the Obstetrical Ward.

*Report of Black Women's Venereal Ward, from October 1st, 1857,
to January 1st, 1858.*

DIAGNOSIS.	No. treated.	No. disch'd.	No. dead.	No. rem'g.
Gonorrhœa, - - -	2	2	0	0
" and Chancre, -	2	2	0	0
	<u>4</u>	<u>4</u>	<u>0</u>	<u>0</u>

SUMMARY.

No. treated, 4

No. discharged, 4

J. G. CHRISTIE, M. D.,

GEO. J. MCLEOD, M. D.,

January 1st, 1858.

Assistant Resident Physicians,

Report of Black Obstetrical Ward.

From the Black Obstetrical we report as follows:

No. of Patients received, - - -	15
" Births from October 1st, 1857, to January 1858, -	7
" " " 1st, 1856, to " 1857, -	4
" " for year 1857, - - -	23
" " " 1859, - - -	19
" Still-born Children, - - -	3
" Adult Deaths, - - -	0
" Children " - - -	1

Of the still-born children, one was completely putrid, and the mother now remains in the Ward in a critical situation. The labors have been generally easy, but one or two have been protracted. There was one shoulder presentation, the remainder being vertex. There has been no sickness whatever among those awaiting confinement.

JAS. G. CHRISTIE,

GEO. J. MCLEOD,

December 31st, 1857.

Assistant Resident Physicians,

*Report of White Women's Venereal Ward, from 1st October, 1857,
to January 1st, 1858.*

DIAGNOSIS.	No. treated.	No. disch'd.	No. dead.	No. rem'g.
Bubos, - - -	4	4	0	0
" and Gonorrhœa, -	2	2	0	0
Chancres Phagadenic, -	5	4	0	1
" Indurated, -	3	3	0	1
" Anal, - - -	1	1	0	0
" Intra Vaginal, -	1	0	0	1
" and Bubos, -	3	0	0	3
" Gon. and Gon. Opthal, 1	1	1	0	0
Chronic Uterine Affection, -	2	2	0	0

DIAGNOSIS.	No. treated.	No. disch'd.	No. dead.	No. rem'g.
Gonorrhœa, - - -	7	7	0	0
“ and Chancres,	19	13	0	6
Poisoning by “Rhus Vernix,”	1	1	0	0
Syphilitic Warts, - -	2	1	0	1
Secondary Syphilis, -	5	5	0	0
	<u>57</u>	<u>43</u>	<u>0</u>	<u>14</u>

SUMMARY.

No. cases treated, 57	No. discharged, 53
	No. remaining, 14
<u>56</u>	<u>57</u>

JAS. G. CHRISTIE, M. D.

GEO. J. McLEOD, M. D.,

Philadelphia, Jan. 1, 1857.

Assistant Resident Physicians.

*Report of Black Women's Medical Ward, from October 1, 1857,
to 1st January, 1857.*

DIAGNOSIS.	No. treated.	No. disch'd.	No. dead.	No. rem'g.
Amenorrhœa, - - -	1	1	0	0
Apoplexy, - - -	1	0	1	0
Constipation, - - -	1	1	0	0
Hemiplegia and Ulcers, -	1	1	0	0
Gonorrhœa, - - -	1	1	0	0
Intermittent Fever and Diarrhœa,	1	1	0	0
Paralysis, - - -	1	0	1	0
Phthisis Pulmonalis, -	3	0	2	1
Rheumatism Acute, -	3	3	0	0
“ Sub., - - -	1	1	0	0
Scrofulous Abscess, -	1	1	0	0
	<u>15</u>	<u>10</u>	<u>4</u>	<u>1</u>

SUMMARY.

No. treated, 15	No. discharged, 10
	No. dead, 4
	No. remaining, 1
<u>15</u>	<u>15</u>

JAS. G. CHRISTIE, M. D.,

GEO. J. McLEOD, M. D.,

Philadelphia, Jan. 1st, 1858.

Assistant Resident Physicians.

NOTE.—Of the deaths noted in the above report, one occurred within two days after entrance, and another within ten hours after being placed in the Ward.

Report of White Obstetrical Ward.

For White Obstetrical we have to report as follows :

During the quarter ending December 31st, 1857, there have been in the ward 73 patients.

No. of births Oct. 1, 1857 to Jan. 1, 1858,	-	.	56
“ “ “ “ 1, 1856 “ “ 1857,	-	-	67
Whole number of births during 1857,	-	-	215
“ “ “ “ “ 1856,	-	-	208

As before stated there have been *fifty-six* deliveries since we entered upon the ward duties. Two patients were delivered in the other Wards of the Hospital and transferred to Obstetrical. Two others were confined a few days before entrance. Four have been taken from house by friends before confinement.

Very generally the labors have been of the class denominated Eustocia. Some cases of Dystocia have occurred, although the majority of these were but protracted labors. Instrumental delivery has been necessary in but one case. Instances of abnormal or unnatural presentations have been rare, although not entirely wanting.

There have been two cases of twin birth, one of which was interesting from the fact of being breech and shoulder presentations.

Several cases of abortion or premature labor have occurred, caused generally, so far as we could ascertain, by blows or falls received before entrance. One case of five months' gestation was caused by the debauchery of the mother who was brought into the house in a state of intoxication and was delivered the same night. An unwillingness on the part of the patients to disclose facts of this nature, has proved a serious obstacle to our ascertaining certainly the cause of some of the abortions.

There have been five still-born children, two of whom were in a very offensive state. In one especially, decomposition had evidently been going on for sometime previously.

There were *five* deaths upon the floor, *one* adult and *four* children between the ages of nine hours and three weeks.

Among the women waiting confinement, the general health has been excellent, our attention having been called merely to a few cases of int. fever and ordinary catarrh.

From the women already delivered, many have been taken from the House as Nurses; others have at their own request been discharged; and all others eligible, have in conformity with the regu-

lations of the House, been from time to time transferred to the Nursery.

RECAPITULATION.

No. of patients received,	-	-	-	-	-	73
“ “ delivered,	-	-	-	-	-	56
“ Still-born children,	-	-	-	-	-	5
“ Adult deaths,	-	-	-	-	-	1
“ Children’s do.	-	-	-	-	-	4

JAS. G. CHRISTIE, M. D.,

GEO. J. McLEOD, M. D.,

December 31, 1857.

Assistant Resident Physicians.

ART. LVII.—*Syphilization in Norway.* By Dr. LAUDER LIND-SAY.

WHAT, then, is this syphilization—what this immunity, of which we have heard so much? When a patient laboring under constitutional syphilis—as Gunild Marie Syversdatter—is made the subject of a protracted series of inoculations, with matter taken from chancres or primary sores on the same or on different persons, or both, a period arrives when the system refuses further to acknowledge the influence of the syphilitic poison thus introduced; the inoculations are followed by no pustules, or by abortive pustules; he or she is said, or supposed, to be syphilis-proof—*syphilized** or *immune*. The terms *syphilization* and *immunity* were introduced by the French school of observers—by Turenne and Ricord. They are, perhaps, open to grave objections, and they have been the theme of endless and most unsatisfactory discussion. It is, however, comparatively immaterial what terms are used, provided we know precisely the condition or thing they are intended to represent. After having long confidently asserted and re-asserted the fact of absolute

* Lest there should be any doubt as to the signification of the terms *syphilized* and *syphilized*, I may state here that the former word is used to represent the state of a person whose constitution is pervaded by the poison of syphilis *naturally communicated* (as the result of impure connection), while the latter indicates the position of him whose system has been, in addition, *artificially saturated* with the syphilitic virus (by chancre-inoculations, as described in the case of Syversdatter).

immunity as the result of syphilization, and having thus raised up against his views most violent and powerful opposition, Professor Boeck, very properly I think, says, within the last few weeks, "I will not engage in any strife as to the word *immunity*; I would only insist on this, that the body is brought into a new and healthier condition by these inoculations."* Two years ago he writes, "Dans tous les cas ou il m'a ete possible de continuer les inoculations sans interruption, j'ai obtenu l'*immunité* contre le virus syphilitique. J'ai donc obtenu l'etat que M. Auzias-Turenne a nomme *syphilisation*. C'est la un fait hors de toute contestation et que chacun peut verifier. Il est impossible dans les sciences d'en constater plus evident."† Professor Boeck, then, believes, or did believe, most firmly in *absolute immunity* resulting from syphilization. He affirms that he has inoculated his immune patients with pus from a great variety of chancres, and taken from different individuals, but without effect. He confesses to having had three relapses out of 100 cases; a very small and favorable proportion, as he observes, and sufficient to overthrow the general facts or principles of syphilization. Professor Faye, on the other hand, denies that such a state exists as absolute or permanent immunity; and he affirms that he has produced, or seen produced, distinct effects in so-called immune patients, by inoculating more deeply, by prolonged contact of the virus, and by using pus from the chancres of different individuals. He goes the length of admitting that there may be a temporary immunity of the skin, on which the inoculation-pustules have acted like a series of counter-irritants, but he distinguishes between "*en temporær Hudimmunitet og en Organismeimmunitet*." It has been further supposed, that there may be an immunity so far as regards *one* kind of syphilitic matter—that, for instance, taken from the chancre of a single individual; an immunity for *every* kind of syphilitic matter, and so on. But here speculation takes the place of fact. Let us, therefore, *revenons à nos moutons*. The *duration* of immunity cannot yet be determined. Professor Boeck's experiments have now gone on for five years; but this is not a sufficiently long period to enable him satisfactorily to solve a question of such difficulty and importance. It is quite possible, as Professor Faye suggests, that the immunity, granting it to exist at all, is only tempo-

* Letter in Medical Times, *ol. cit.*, p. 305.

† Samling af Jagttagelser, etc., *ol. cit.*, p. 14.

rary; that, after the lapse of a few months or years, as the case may be, the system again becomes susceptible of the influence of the syphilitic poison; that the patient again contracts syphilis, it may be in the same town or in a different town or country; and that, in fact, syphilization does not really protect the constitution against syphilis, as vaccination does against variola. All this may be, but we have yet to wait for the proof thereof. It does not appear to be necessary, in all cases, for the treatment of syphilitic symptoms, that perfect immunity be established; that is to say, all the syphilitic phenomena may disappear, and the patient may seem quite cured, before the inoculation-pustules become abortive—before he is thoroughly syphilized. “I am therefore convinced,” says Professor Boeck, “that the few small pustules which we produce with a fresh virus, and which lead to no characteristic ulcers, cannot be regarded as proofs of the cure not being completed.* With a view, however, to the permanence of the cure, it is recommended to push syphilization to the extent of complete immunity, especially in cases where the patient has previously undergone mercurial treatment. He has not succeeded in producing immunity in any case by the inoculation of one kind of matter only; he has invariably been obliged subsequently to employ pus taken from the chancres of two or more individuals. But he mentions three patients as cured of syphilitic symptoms by the inoculation of one kind of matter only—where immunity was not produced. None of these cases have relapsed; two of them left hospital more than two years ago, the third twenty-two months ago.

The duration of treatment, as well as the number of inoculations or chancres necessary for the production of immunity, or for the cure of syphilitic affections, vary greatly in different cases. We have already seen that the treatment in Syversdatter extended over a year. This, however, was an exceptional case, and, moreover, one of Professor Boeck’s earlier cases. Subsequent experience has enabled him to syphilize patients, in a large majority of cases, in six months, and in many cases three months. Latterly, instead of taking the inoculation matter always from the last pustules produced, until they became abortive, he has taken pus from the earlier pustules, and also from the chancres of several different individuals; by thus using the most powerful virus, he has succeeded in abridg-

* *Medical Times*, *ol. cit.*, p. 305.

ing the duration of the treatment in a material degree. In this way he cures favorable cases in three months; that is, patients who have not been previously mercurialized, who have good constitutions, and in whom the syphilitic symptoms are not of long standing. In the first series of his experiments, he used exclusively matter from a single chancre contracted in England. In his first two cases, syphilization lasted rather more than six months; the first patient had 222 chancres, the second 290. In the third and fourth cases, matter being taken from the chancres of the two first at the fourth month of syphilization, immunity was established at the end of three months; the third patient having had 133 chancres, and the fourth 91. The fifth patient, whose inoculations were begun a month later than those of the third and fourth cases, and with the same pus, was immune at the end of two months, having had 71 chancres. Let us now see to what extent the duration of treatment and the number of chancres were modified, according as patients had or had not been subjected to previous mercurial treatment, or were laboring under simple and recent, or inveterate forms of the disease. In eight of his syphilized cases, where no mercury or other anti-syphilitics had been previously used, the average duration of treatment was from five months to twenty-two days, and the mean number of inoculations 320. In six patients with secondary affections of the skin and mucous membranes, all of whom had previously used mercury and other remedies, the treatment averaged six months seven days, and the number of chancres 421. Three of these cases relapsed; the relapses not being severe, and exhibiting themselves soon after the first syphilization. In the second syphilization, the first patient had 108 chancres, the second 315, and the third 361. Three cases which had not relapsed at the end of fourteen months subsequent to discharge from hospital, showed a great susceptibility to the influence of the virus, in having a large number of chancres; the three others, which did not relapse, had had in their first syphilization a very small number of chancres—that is to say, the first had had 127, the second 102, and the third 71. In a third group of cases—inveterate forms of syphilis—in all of which mercury had been previously used, the treatment averaged seven months ten days, and the number of chancres 542. It will thus be noticed that there is an increase in the duration of treatment, and especially those where mercury has been previously employed. Several inveterate cases that had been previously mercurialized were, however, *not cured*

even by syphilization carried to immunity. It was necessary, in addition, to prescribe medicinal remedies, especially preparations of iodine. Prior to syphilization, however, these medicines had not only failed, but had aggravated the disease. One patient, who had syphilitic affections of the bones, had been treated five months thirteen days, and had had 346 chancres, without syphilization producing apparently the slightest effect on his disease. Professor Boeck regards these as exceptional cases, and not adverse to his views regarding the efficacy of syphilization: he endeavors to explain away the facts by ingenious theories, but the facts remain! In cases of subsequent syphilizations in consequence of relapses, as a general rule, the number of inoculations requisite to produce immunity [?], or to cure the existing syphilitic affections, gradually diminishes; but theirs were exceptions to this rule, not admitting of any very obvious explanation. Professor Boeck cites the following cases:

Anne Knudsdatter had in her first syphilization 290 chancres, in her second 242, and in her third 41.

Olaus Andreassen had in his first syphilization 353 chancres, in second 269, in third 53.

Ole Simonseu had in his first 286, and in his second 83.

Johannes Andreassen had in his first 120, and in the second 108.

Morten Pedersen had in his first 127, and in the second 361.

Marte Randine Christiansdatter had in her first 80, in her second 267, and in her third 73 chancres.*

The patients whom I saw in Christiania under treatment, had the arms and thighs covered with inoculation-pustules, the number varying from some dozens to some hundreds. This aspect of the process of syphilization—the appearance of the limbs—is at first sight most repulsive and disgusting; but it must be borne in mind that all this is concealed by the clothing, that the process is attended or followed by no bad symptoms of any kind, and that the general health of the patient is steadily improving, while the syphilitic symptoms are slowly, but surely disappearing.

* * * * *

The question, Will syphilization, as a curative method in constitutional syphilis—for its application as a prophylactic is obviously out of the question—ever be admitted into, or become general in practice in this country?—I must leave to the medical profession of

* Discussion in det norske medicinske Selskab, etc., ol. cit., p. 16.

Great Britain to decide. The free discussion of the question cannot fail to elicit many important facts, whatever be the results in regard to our practice; and it is from such a conviction that I have ventured to make public the very interesting results attained in Norway. By way of conclusion, and by way of *resume*, I may be permitted to append the following declarations made by Professor Boeck, quite recently, while visiting Scotland: "I have indeed," says he, "the most sincere conviction and proof,

- "1. That there is no fact more certain in medical and surgical therapeutics, than the fact of the curability of constitutional syphilis by syphilization.
- "2. That this method of curing constitutional syphilis is infinitely more certain than the methods of cure by mercury, iodine, hunger-cure, or any other means yet proposed.
- "3. That it is free from the dangers attending the mercurial treatment; and,
- "4. That relapses are more rare after this than after any other known method of treating secondary or tertiary syphilis."*

I cannot take leave of this subject more appropriately, than by quoting a few brief passages from Professor Boeck's work on *Skin Diseases*, upon the pages whereof I have already so largely drawn:

"On a rejete la syphilisation avant de la connaitre. Cependant dans les sciences naturelles il n'est plus possible de rejeter une chose par cette seule raison que nous ne la comprenons pas aussitot. . . . Ayant fait tout les jours pendant trois annees les experiences les plus consciencieuses, j'ai acquis la conviction que la syphilization n'est pas une utopie: elle merite, au contraire. de fixer toute l'attention du medecin.† . . . La syphilisation ouvre donc a la sciences un nuvel horizon, une nouvelle sphere d'investigation, que nous devons explorer, guides par l'analogie. La guerison de la syphilis par la syphilisation n'est, d'apres moi, qu'un resultat subordonne par son importance physiologique aux consequences qu'elle aura pour la patologie generale.‡ . . . Je ferai le vœu, en terminant, que la syphilisation soit etudiee avec tranquillite et avec exactitude. Elle doit etre etudiee non pas seulement comme methode curative de la syphilis constitutionnelle, mais surtout comme devant eclairer l'etude

* *Medical Times*, Sept 19, 1857, p. 305, ol. cit.

† *Samling af Jagttagelser*, p. 9.

‡ *Ib.*, p. 15.

de la syphilis en general, de la pathologie general, et de la physiologie."*

ART. LVIII.—A Student's Letter.

PERHAPS it would not be uninteresting to say a few words relating to *clinical teaching* in Edinburgh in the Royal infirmary. There are 5 teachers of clinical medicine and two of clinical surgery; Drs. Bennett and Laycock, and Mr. Syme for the university; and Drs. W. T. Gairdner, Begbie, and Keiller, and Mr. Spencer, for the College of Surgeons. (Dr. Christison has resigned his clinical chair.)

I must say for a school of medicine, Edinburgh is, as far as I am capable of judging, very much superior to that of any other city that I have been in; and as a surgical school is little, if at all deficient. It may not be inappropriate to state here in a few words how clinical teaching is conducted.

I shall first describe Dr. Bennett's method. He has three clinical clerks, whose duty it is to take notes of all the cases in his wards which are of any importance, and upon which he lectures. It is likewise their duty to examine the urine of each patient every day when it is required, and to prepare any particular specimen, whether

* One of the most legitimate, and at the same time hopeful, departments of inquiry connected with this subject, and which does not appear to have been at all entered upon by Professor Boeck, is that of experimentation upon the lower animals. Monkeys have already been inoculated with syphilis in Paris by Turenne; and there is every reason to believe that it will be found, when researches come to be made on this subject, that the lower animals can contract a variety of human diseases by inoculation, or otherwise. [*Vide* my "Suggestions for Observations on the Influence of Cholera and other Epidemic Poisons on the Lower Animals," *Edinburgh Medical Journal*, July 1857, p. 33, and notes on "Cattle Murrain in some of its Aspects," *Lancet*, May 16, 1857, p. 496. Illustrative cases may also be consulted in *Annalen des Charite Krankenhauses*, 8. Jahrg., Heft 17, "On the Existence of Herpes in Domestic Animals, and its Communication to Man," by Dr. Von Baren-sprung; Hering's *Repertorium der Thier Heilkunde*, Band 1, 1840; Gurlt and Hertwig, *Magazin fur die Gesammnte Thier Heilkunde*, Band 7, 1841; Leten-neur, "Reflexions sur l'Herpes tonsurant, 1852," *British and For. Medico-Chirurg. Review*, July 1857, p. 263.

microscopical or otherwise, to be examined by the other students. They also examine sputa or any morbid substance which it may be requisite to know the composition of. This entails a large amount of time, and, as it demands no inconsiderable knowledge on the part of a clinical clerk, they are selected from competent members of the class. (I may here state that all the wards are furnished with an Oberhauser microscope and other requisites, and that the manipulations are performed in a small room adjoining the ward.) Dr. Bennett examines the cases before the class, points out all the symptoms of disease, and calls out the students singly to examine for themselves.

When a new case comes in he calls on a student to examine it; and when the opinion is given, he either confirms what has been said, or points out where and how the error has been made. He always uses a hammer of Professor Winterich's model as a percussor, and the ivory pleximeter of M. Piorry slightly modified. By this means the different sounds elicited are easily distinguished by the student when at a distance from the bedside; and this is a matter of some importance when the class is so large that many of its members cannot get very near. He lectures every Tuesday and Friday at 12 noon: and has a class once a week, in which the junior members are instructed in Physical Diagnosis, to enable them to distinguish between normal and morbid phenomena. He is very particular in requiring the students, when examining a case, to ask the questions in a certain methodical manner, and to follow each out in such a way that he can come to a direct knowledge of where the lesion exists.

The first question which is always to be asked is, "Where do you feel pain?" The place is pointed out by the patient; and after this has been followed up by an examination, the second is, "How long have you been ill?" and thus it is carried out until the conclusion has been arrived at. (The ordinary students are allowed to take notes of any case they *choose*, which he corrects.) I shall now pass on to the clinical teachers of the College of Surgeons.

The work with them is divided into three parts. Dr. Gairdner lectures on the senior department every Friday at 1 P. M., and Dr. Begbie on the junior every Tuesday, except the last of each month, on which day Dr. Keiller gives a lecture on those diseases of women which may exist in his ward at the time.

Dr. Begbie has a class for junior students every Thursday at 1 P. M., to whom he demonstrates practically the various methods of carrying out a physical examination, then all the normal phenomena

of the various organs, as mapping out the cardiac, splenic and hepatic, dullness, the normal sounds of the heart and lungs, &c. He will then demonstrate the different morbid sounds and appearances on the patients at that time in the wards. Which, after being finished, he will point out the characteristics of healthy urine, and finally the tests, chemical and microscopical, for detecting abnormalities in that fluid. He will also give some attention to the discrimination of the sputa and morbid products. Dr. Keiller points out the manner of conducting the examinations of female diseases on the cases in the wards, with the uterine speculum and sound, and likewise the operations for rupture of the perineum, and like injuries.

Dr. Gairdner has a class every Monday at 1 P. M., for the purpose of instructing the senior students in making themselves masters of their profession; such as the diagnosis between different diseases, and the manner of coming to a right conclusion regarding them; the different phenomena which the same disease takes on at different times; and matters of like import.

Dr. Gairdner's method of clinical instruction is similar in many respects to Dr. Benett's, but differs slightly in others.

All those students who wish to take notes of cases, are requested to give in their cards; and to these, the cases as they come in, are given in turn.

In taking notes of cases, he wishes the student to mention only those facts bearing directly on the disease, and not to attempt any lengthened history unless he has such an amount of time as will allow him to do it perfectly. He wishes also that the student shall make a marked distinction of those symptoms which he clearly makes out himself, from those given by the patient, which must be received or not according as they are found to coincide with the disease in question.

When interrogating a patient, allow him to tell his own story first without interruption, and to point out the place where the pain is located. When a student has been given charge of a case, he is required to make an examination privately at any hour he finds it convenient, and to put down his notes on paper, which are read before the class at the next visit.

When finished, he examines the patient himself, and confirms the statements made, or shows how and where the error has been made. He then makes remarks on the notes whether anything useless has been taken down, or if any of the principal symptoms are lost sight

of or are not sufficiently dwelt on, which thus serves as instruction for all. After his examination, you take down his remarks on the different signs, which are repeated every day.

By this method a student is better enabled to satisfy his mind concerning a case when he has leisure, and is not so likely to be unnerved as when it is done in public. Dr. Gairdner intends, after Christmas vacation, to select clinical clerks, by competition from those who are desirous of having the office, and to whom the examination of the urine, &c., and preparing notes on cases for his lectures are committed. He has a junior class, who do not take notes of separate cases, but write down his remarks on the separate diseases. Clinical Surgery by Mr. Spence and Mr. Syme, is taught similarly by each. The lectures are twice a week, and the subject of each description is brought into the room, and any operation required is performed, and the steps explained. This is independent of the operations performed in the general Operating Theatre.

Dr. Haldane, the Pathologist to the Infirmary, explains the morbid anatomy of the parts under consideration, and sends specimens around to be examined by the students (who are not allowed to be in the area, except the one who has taken notes of the case during life).

There are two eye-wards connected with the Infirmary, which Mr. Walker attends daily. The daily visit at the Infirmary commences at 12 noon.

I shall in the next give a few words regarding the colleges here.—
Medical Chronicle. A. R.

EDINBURGH, Nov. 25, 1857.

ART. LIX.—*Tubular Consolidation.* By J. FOSTER FLAGG,
D. D. S.

TRUSTING that a short article upon that structural change, consequent upon the progress of caries, known as tubular consolidation, will be acceptable to your readers, I offer the following for your acceptance. The interesting facts which are expressed by this term, were first given to our profession, within the recollection of even the youngest of us, scarce ten years having elapsed since Mr. Tomes

called attention to them during his course of lectures at the Middlesex Hospital, England, and it may have been the comparative freshness of the subject which has influenced me to a choice of it.

That a consolidation of dentinal tissue is the result of caries, is perfectly apparent to the naked eye, in almost any section made from a carious tooth; it therefore seems proper to commence with such reflections as may suggest themselves relative to the causes of this effect.

Caries being acknowledged by all, at the present day, to be due to the action of dilute acids, and dentine being as generally conceded to possess a certain degree of vitality, it becomes no longer a matter of *speculation* as to cause, but reasons may be given for it with philosophical exactness. The well-known truths, that acids will cause irritation, that the dentine is vital, and that irritated vitality induces increased action, form a combination key to the mysteries of this formation.

The earthy constituents of the dentine being, however, merely a *product*, we have to take one step farther, before we can comprehend, with perfect clearness, every feature of this process. The pulp, in its primary and secondary relations to the dental structure, has to be considered, and full knowledge upon this subject is absolutely requisite. But, when it is understood that the pulp cavity is filled with the remains of that organism from which has been derived the entire substance of the dentine, and that the progress of this development has only ceased, as, by the gradual approach toward the completion designed by nature, the supply of blood to the part has been diminished; that this remaining pulp is possessed of sensibility to a very high degree, and, consequently, in its normal condition, is well protected from injurious influences; nay, more, that it is capable of additionally guarding its own integrity, by an actual deposition of secondary dentine, then, indeed, are we able to draw inferential conclusions which are unquestionably reliable with regard to the *source* from whence has been derived the constituents requisite to effect the change of which we are treating.

The primary relation which the pulp sustains toward the dentine, has been proven, by microscopical research, to be that of a medium, through which, such earthy particles have been extracted from the blood, as have imparted the necessary solidity to the tissue which it was designed to eliminate, and, having performed this function, it commences the discharge of those duties comprised under what

must be termed its secondary relation, viz: the continuance of vitality, causing, by absorption and deposition, that actual change of material, which physiology teaches us is constantly occurring in every tissue of the animal economy.

What, then, would inevitably be the result of an irritation of this gland?

The term "irritation," in its common acceptation, signifying an excess of vital action, manifested by exalted sensibility and increased circulation, would seem, of itself, to intimate that the reparative efforts of nature were being exhibited in that substance, through which had been transmitted the fact that such an exertion was called for. In the case of dental caries, that substance is the dentine, and it is therefore in it that we are to find traces of a deposition due to altered action.

Even were it not true, that the microscope demonstrates, by the comparative opacity of that portion of a section, from a carious tooth which borders the parieties of the cavity of decay, that the change which has taken place is due to an excess of inorganic substance, it might reasonably be inferred, that such *would* be the case, remembering that, in proportion as the dentinal pulp ranked high as a formative tissue, in proportion to the degree of energy which characterized its productive power, in proportion to the vigor with which it seized upon such particles as were indicated by affinity to be its proper "pabulum;" so was a structure rapidly built up consisting of so large a per centum of earthy constituents, as to render it by far the densest and hardest tissue of which the system is composed.

It has been suggested, that this effort can be intended as one of two things only; a preventive to the destruction of the substance of the tooth itself, or a protection to the vitality of the pulp. Believing, as I do, that it is entirely a *protective* action, I shall occupy a short space in presenting a few of the reasons which have induced me to thus view it.

Whatever vital impressions may be conveyed to the dentinal pulp, from external agents, the inorganic material would most certainly not be selected as the vehicle for communication, from its evident incapability to perform such a duty; an abnormal condition is therefore induced through the agency of the abnormal matter contained within the tubuli, possessed, as it is, of every physiological requirement for the fulfilment of that function, even being, according to

recent investigation, a direct fibrous emanation from the body of the pulp itself.

The action, then, which nature resolves upon, is, to diminish the degree of impressibility in that tissue, which, after the removal of the enamel, remains the sole protection of the pulp, and, erecting its first preventive to irritation, at the point most distant from the excited organ, that excitement is allayed, a healthy condition re-established, and vital action reduced to a normal standard. This continues undisturbed, until, in the never-ceasing progress of decay, the deposition is, to a certain extent chemically decomposed, and vitality of still another portion of the dentine destroyed, when all the phenomena attendant upon irritation and secretion are again exhibited. This is clearly shown upon examination, as various distinct lines of consolidation are presented, consequent upon the death of the intermediate parts, thus precluding the possibility of a deposition within their limits.

The only action which would be potent, to *prevent further destruction* of the tooth substance, would be the elevation of that substance to a degree of vitality, which would render it capable of resisting its destroyer through that agency alone, and it will readily be perceived of how much utility, for the rude purpose of mastication, such a denture would be. So far, then, from this being the case, I contend that the portion exposed, is rendered even more liable to decay, than before; so far from a barrier against the progress of this disease having been instituted, fuel has but been thrown to the flames. The acids contained in the secretions of the mouth, have now a substance to act upon, over which they possess an undisputed power; unrestrained by even the smallest proportion of that animal tissue which can, at least, resist until death renders it powerless. That it offers this resistance, is abundantly verified by the facts presented to us in that species of caries known as "white rot," the progress of which is so exceedingly rapid as to destroy all that portion consisting of the same material as that by which "consolidation" is produced, yet, leaving the organic filaments with not only vitality, but with their sensibility exalted. Have we not also daily evidence, in the presence of remaining fangs, that after both dentine and enamel have fallen before their foe, the cementum resists, for years, its continued attacks, and, indeed, generally yields only to the cold steel? And who will say, that this is owing to *its* superabundance of earthly matter; Who rather will not say that it is due *only* to its

excess of cartilaginous substance? Yet, the dental pulp would hardly tolerate the existence of such a medium as this for a protection to it against external agents, especially when, as in the case in febrile affections, the teeth are bathed in fluids peculiarly acidulous.

On the other hand, is not *self-protection* conceded to be the first law of nature, and does not common sense suggest the deduction that efforts would therefore first be made tending toward the accomplishment of that end? Admitting this, what more remedial than to effectually shut off all vital communication between the agent affecting, and the organ affected, and what more perfect, for this purpose, among all the various products of the human laboratory, than the one called into requisition, viz; the neutral phosphate, composed, in about equal parts, of acid and lime; thus leaving an excess of the latter to be acted upon by the exciting cause of the disease, which, though really reducing to the utmost its power of conduction, offers, at the same time, a compound exceedingly soluble.

In conclusion, I would ask merely to call attention to the fact, that the condition under consideration continues, even when by a well performed plugging operation, all liability to further decay, at the point treated, is precluded—but, while the destruction of the pulp from caries is no longer to be feared, a material has been interposed eminently calculated to convey unpleasant impressions arising from an excess of heat or cold, thereby requiring still the presence of this preventive to irritation.—*Dental News Letter*.

ART. LX.—*Clinical Instruction in Great Britain.*

FROM the *Edinburgh Medical Journal* for October 1857, we condense the requirements in regard to clinical instruction, of the various licencing boards of the United Kingdom of Great Britain, which are authorized to confer the privilege of practicing medicine and surgery in that realm. This instruction is attended during the last two years of the student's pupilage. Usually a clinical lecture on medicine, and one on surgery are delivered each week, and an hour each day is spent in the medical and another in the surgical wards of a hospital during the course.

The Edinburgh University, for the degree of M. D. requires *three*

months attendance upon lectures on clinical surgery, *six months* upon lectures on clinical medicine, and *twelve months* attendance in the wards of the Medical Hospital.

The University of Glasgow, for the same degree, requires *twenty-four months* attendance upon a medical hospital, *twenty-four months* upon lectures on clinical medicine, and the same amount of time devoted to attendance upon a surgical hospital, and upon lectures on clinical surgery.

The University of Aberdeen requires *six months* attendance on lectures on clinical medicine, *three months* clinical surgery, *twenty-four months* in a medical hospital, and the same time in a surgical hospital.

The University of St. Andrews requires *six months* attendance of lectures on clinical medicine, and the same on clinical surgery, and *twenty-four months* attendance in a medical and the same in a surgical hospital.

The London University requires for its full medical degree, that the candidates should have attended *twelve months* on each of the four courses of clinical instruction, viz: clinical medicine, clinical surgery, medical hospital, and surgical hospital.

The Dublin University requires, for the lowest degree of M. D., *nine months* attendance upon clinical medicine; and for the surgical diploma *twenty-seven months* upon each of the courses, medical hospital, clinical medicine, surgical hospital, and clinical surgery.

The Queen's University, of Ireland, requires for the first degree, *six months* attendance on each of the above courses; and for the second degree *eighteen months* in each of the two hospitals, and the same length of time on clinical surgery.

The Royal College of Physicians, London, requires *twenty-six months* attendance upon lectures in clinical medicine, and the same length of time in a medical hospital.

The King and Queen's College of Physicians, Ireland, requires attendance upon clinical medicine and a medical hospital, each *six months*, and upon clinical surgery and a surgical hospital each *twenty-four months*.

The Royal College of Surgeons, Edinburgh, requires attendance upon clinical medicine and clinical surgery each *six months*, and the two hospitals each *twenty-one months*.

The Faculty of Physicians and Surgeons, of Glasgow, requires the same.

The Royal College of Surgeons, London, requires *nine months* in clinical medicine, *twenty-seven* in clinical surgery, attendance of *one winter* and *one summer* in a medical hospital, and *three winters* and *two summers* in a surgical hospital.

The Royal College of Surgeons, Dublin, requires attendance on each of the four courses of clinical instruction before named, *twenty-seven months*.

The Apothecaries' Hall, England, requires *nine months* of clinical medicine, and *eighteen months* in a medical hospital.

The Apothecaries' Hall, Ireland, requires *eighteen months* attendance on each of the four courses.

The Army Medical Board requires, of clinical medicine and clinical surgery, each *eight months*, and attendance upon each of the hospitals *eighteen months*.

The Navy Medical Board requires the same attendance of *eighteen months* in each of the hospitals, and *six months* attendance upon each of the courses of clinical lectures.

The East India Company Medical Service requires *six months* attendance upon lectures in clinical medicine.

By this statement it will be seen that clinical instruction is regarded so essential in Great Britain, that not a single institution grants a diploma to a candidate who has not availed himself of such advantages. The American Medical Association, which may be regarded as the authorized exponent of the professional sentiment of this country, has repeatedly urged the importance of making such instruction necessary to graduation among us, but as yet with very partial success. But everything must have a beginning, and valuable things have a growth—often a slow one. By keeping the subject before the profession, a practical recognition of its importance will at length become general. In Europe, clinical and hospital instructions are not conducted simultaneously with all the other branches of medical science—that is, students do not attend all the other branches of study while attending clinical instruction; some degree of order and succession is observed. We are making a beginning, we think, in the right way—and it is not a little to make a beginning in a great and good cause.

In looking over, in the same Journal, an account of the course of instruction of the Medical School of Scotland, we find they have a winter and a summer session, and that these differ decidedly in their programmes. During the winter session the course of study is

Anatomy, Systematic and Practical, with demonstration; Physiology, Chemistry, Systematic and Practical; Materia Medica and Therapeutics; Systematic Practice of Physic; Systematic Surgery; Midwifery, Natural Philosophy, Natural History, General Pathology, Clinical Medicine and Clinical Surgery. In the summer session the course is, Practical Anatomy and demonstrations, Comparative Anatomy, Histology, Practical Chemistry, Botany, Medical Jurisprudence, Natural History, Clinical Medicine and Clinical Surgery.

In the University of Edinburgh, Dr. Bennett, who does not teach the Systematic Practice of Physic, is associated with Dr. Laycock, Professor of Practice, as Professor of Clinical Medicine; and Mr. Syme has the exclusive charge of the Department of Clinical Surgery, while Professor Miller has the Chair of Systematic Surgery. In the Systematic Course, Dr. Bennett teaches Physiology and Histology. Similar arrangements as to the distribution of labor occur in the other schools.—*Peninsular Journal*.

ART. LXI.—*Percival Potts' Lectures on Surgery.*

LECT. I.—TUMOURS.

BEFORE the discovery of the Circulation of the blood and before the general distribution of the fluids thro the body was known, it was taught yt ye principal fluids of ye body was 4 vizt: Blood, Bile, Pituita, Atrabilis or Melancholy and that these under due regulations, were not only necessary to, but even the source of health—it was also supposed yt ye redundancy or diminution of these humours was the cause of the four different kind of tumours, vizt: Phlegmon, Erisipelas, Œdema and Scirrhus, and these opinions are not founded on mater of fact is hardly necessary to observe in this place—we still keep up that manner of distinguishing Tumours into four classes, because we find that the division is natural, and that all four require very diferent methods of cure.

The Phlegmon is not confined to any particular part of the body, but may happen any where – It is a more or less hard circumscribed tumour, it is attended with some degree of pain, and puts on an Inflam'y appearance of a bright red colour—the patient has some

degree of symptomatic fever, commonly preceded by a slight shivering in proportion to ye degree of Inflammation—this is the common and most frequent appearance of ye phlegmon, but it may from various circumstances put on various appearances, the seat of this disease or tumour is in the Tela Cellulosa, or that membrane expanded over and between ye musceles for their lubricity, and in the membrana adiposa, the former is totally suppurated and the later partially—so it arises from an obstruction of the fluid secreted by the membrane for the Lubricity of th't muscle which it covers—this ostruction continuing produces Induration, w'ch are ye consequences of Inflam'n and suppuration. The phlegmon on account of the different methods of cure is divided into two classes, 1st. When it is not caused by any previous disease of the habit. 2d. Where it is ye natural termination of some disorder of the habit in general—as for instance ye crisis of a fever. In the first place the discution of the tumour sho'd be attempted, such as by exhibiting ye antirphlogistic regimen, emoll't cataplasms, gentle evacuations by the lancet, lenient purges and diluting medicines. In the second case we ought to make use of every thing in our power to carry off the disease, for this effort of nature might prove dangerous or even fatal. Dissention is to be attempted by means so well and general known that it whould be needless to point them out—the same may be said with regard to laying down the method most likely to promote suppuration when the matter completely formed in a tumour, either because the swelling w'd not be dispersed, or because it was thought proper to promote suppuration, it is undoubtedly to be let out, but the mean in which it was to be done was a mater of great controversy—our forefathers did it either by caustic or incision, the former was most generally used, because they thought the contents of the abscess were more effectually discharged by this means on account of the large opening the made—but in this they dont seem to have any regard to the great pain occasioned by applying the caustic and the indelible scar necessary left behind—When they did not use the knife it was the custom to cram the wound with lint, afterwards using such medicines as they thought promoted suppuration, (which on the contrary were not at all calculated for it,) by this means the wound was surrounded for a considerable space with Inflammation therefore what contributed greatly to the opening an abscess by caustic, not as yt those who made use of the knife, did by there cronicous treatment of the sore afterwards bring this method into general

contempt and disrepute. Incision is by much ye best and what I should recommend to you—it is either making a puncture or a large opening with the stroke of a knife these will answer the end aimed at, which is only to evacuate the Contained matter and this will always be found most useful and beneficial to ye Surgeon and patient—they thought that ye Cavities of Abscesses were made by destruction, and therefore the where to fit it up a gain with flesh, and used such medicines as the called suppuratives and digestives to promote this end, this brought on all the evils that the wanted to avoid, the use of caustic they looked up on as a specefic and after leaving the eschar to slough off, the found the cavity fill'd up and therefore without consid'g the treatment the preffered the caustic, for when an application of the caustic was made the never filled the cavity with their suppuritive medicines lint &c. it is well known that matter is formed by melting down of some membs-part, but this bears very small propotions indeed to ye qu'ty of matter formed, and the aim of nature herself is assoon as ye matter is let out to contract the cavity and we have only to take care of the general health and to mentain such an opening as to prevent the lodgment of matter for the seat of the matter is often out of the reach of our dressings and yet nature cures the abcess her self, from this we find the filling up the cavity of abcesses with lint and the escharotic dressings where trully wrong and prejudicial and that if we were never to aply anything the cavity will be contracted upon the whole we may allow that the application of caustics are hardly ever to be used—In a mere simple Phlegmon, the fever generally ceases upon the fermentation of matter but as this does not always happen the assistenee of Physic is necessary, Inflammation dces not always terminate in one of these two ways but sometimes in Gangreme—this is generally attended by a fever, disease of the whole system when the habit mended and the Gangreme is superficial nature will throw it off herself, but when the part itself is entirely phacelated it requires a surgical operation to get rid of it, when the Gangreme causes great pain, fever &c. we are able to say the Gangreme has spread much more internally than it apears externally and if the operation of Amputation is to be performed it must be done higher than the part appears gangrened and the part motified and operates a considerable way above the discoleration and is discharged into the membrana cellulosa and allways up a bove a mortification. The operation ought never to be performed before the mortified part begins to seperate for the progress of a

mortification can never be stopt by amputating—we should always attend to the patients general health, and counteract such symptoms as shall at the time occur, either by evacuation or the contrary and when there is a fair separation obtained in consequence of a suppuration established, we will find that it will point to us the place where we ought to amputate and we should always wait for this and not amputate as was the custom of our forefathers at a place above for the reason of leaving a good stump, for the additional pain and inflammation is very likely to produce a mortification a fresh and will often infallibly destroy the patient—Scarification is thought to signify scratching the skin and if so can be of no use for if the skin is in the least sensible we give great pain for no purpose if it meant to make large and deep incisions it may possibly discharge putrid sanies and may unload the limb but it is not known to produce any sensible effect.

The Erysipelas is supposed to be produced from bile, it is found in the bilious people and requires a different treatment from the Phlegmon, it is commonly flat and broad spreading to considerable distance, and has not the scarlet appearance of the Phlegmon, it is not so elevated to a point, and it is generally attended with vesications—when large is general a disease of the part this inflammation may proceed from two causes viz—either from a too small secretion of bile or too great a distribution of it, the causes which may produce the secretion being impeded are excess of drinking spiritous Liquors, and debauches of various kinds which are the consequences of an indurated liver a solution or weakness of parts from disease—this tumour is general of a pail colour, tinged with a yellow cast—The method of treating this is to strengthen ye parts with Cordials Stomachic Medicines, joined with Chalybeates in order to remove the obstruction and promote the secretion of the bile—on the contrary you must promote suppuration—the other kind arising from an over plus of bile in the stomach. Duodenum and Jejunum is of a more yellow colour and is generally accompanied with fever Anxiety; Thirst, nausea, frequent inclinations to Vomit and dislike the food, it either disperses or inclines to suppuration—we should be careful of the means we use to disperse It—when a disease of the habit we should endeavour to divert the bile by lenient purges calculated for that purpose and also to be very careful in evacuating, which should be done with great nicety, for it may be translated from the external to the internal parts, we ought to attend to the natural strength of

the pulse of the patient, et take care not to impede the circulation already began, this method of cure by discution not succeeding, for we ought never to try by repellents, we are to promote suppuration when nature seems to produce matter it is always to be encouraged—there is no method of discharging matter but by proper openings, the matter here is not collect'd in that circumscribed manner as in the Phlegmon, but in 2, 3 or more places and the whole Celular membrane on the part is in a diseased state, and sloughy—2, 3 ops is necessary, sometimes the strenght of the patient is so reduced, yt when ye sloughs are seperated the sore has not a good appearance—mending the habit by proper medicines and diet will in time enable Nature to make a perfect cure.

The Œdematous arises from a pituitous state of ye blood and juices generally seated in the feet and legs; they are sometimes on legs which have been broken, and proceed likewise from an obstruction of the absor't vessels from the situation of the leg not being able to perform its offices, sometimes on the rise of it the vessels will recover their elasticity and perform their office, but if it does disaper on the use of it the advice of a physician is necessary to recruit the patient health; the bark and other cordial medicines, with chalybeat, will be found most useful.

The Schirrous Tumour.—The ancients used to reckon all indurated tumours under that head, but the moderns give that name to none but what will not admit of suppurations of any kind whatsoever, and these may be justly called schirrous or cancerous, for the are liable to be translated to cancers, and by slight accident, as a blow or fall, or even the tendency of the patient's habit.

There are two methods proposed for their removal, extirpation or destruction; the ancients recommended the caustic as a certain cure, but for my part I recommend, as I did before, the knife to yr use; the former is certainly (provided you are certain of its doing its business effectually), a very excoriating and painful remedy, not but the patient who is affected whould much rather submit to the pain than the operation by the knife, and arguments used to persuade of the difference in regard to pain and time of the operation are frequently fruitless, the knife to a surgeon who knows how to use it, and who knows the parts he is to operate upon, must certainly be preferable, as he can extirpate what he sees necessary, and leave (which is a principal thing) as much skin as will soon collapse, it heals, leaving a very little scar, whereas the caustic is productive of

very much pain, it totally destroys the skin, and what is still worse is apt to do more in spite of all our efforts to the contrary, than we intend it should, or even ought to have done. There never as yet has been any internal remedy found for the relief of these tumours; the only one is this proposed.

ART. LXII.—*Eulogy on Magendie*, by M. DUBOIS. Read before the Academy of Medicine in Paris, and translated from the French by the Editor.

GENTLEMEN:—One of the most brilliant masters of language has recently said in terms of just propriety that there is more than one mode of advancing and enlarging science.

“Science,” says he, “has its sublime speculators, and as it were, prophets, who seize with a glance of the eye the great laws of the universe, and develop the truth of their theories in practice, as Columbus discovered the new world.”

Around these are arranged acute observers, who excel in detecting particular phenomena, in describing and adding them successively to the domain of science. This domain is then entered by others, who may be called legislators; who classify the facts of the former, assign them their positions, determine their laws, arranging them in general formulæ, which define the present state of science, and become the point of departure, and the means of new advancements. (1. M. Guizot, reception de M. Biot à l'Académie Française.) Of these three modes of serving and enlarging science, there is one, gentlemen, which was exclusively adopted and followed during the whole life of the eminent physiologist whose labors I have the honor to speak of before you. M. Magendie had, in fact, nothing in common with those enthusiastic spirits who, inspired by mere hypothesis, cast a lance at hazard in the field of science. Nor was he one of those penetrating geniuses who rapidly arrange and deduce general laws from facts collected by others. He felt, indeed, some degree of mistrust in those who assumed this kind of duty. His mind was not more humble, but more simple and accessible. A bold and sagacious observer, a skilful and pitiless experimenter,

Magendie was continually engaged in verifying and illustrating particular facts announced in science.

Entirely occupied in this labor of verification and demonstration, Magendie, it is true, has made no important discovery in physiology, established no new law, but has thrown so much light on facts formerly full of obscurity, he has given so much certainty and evidence to uncertain or badly understood facts, that he has a right to place his name by those of inventors, and we may thus pardon him for having sometimes attempted to dispute with them their glory. Born at a time when experimental methods were not cultivated but by a small number of observers, Magendie had the merit of elevating, resolutely defending, and honoring these methods. M. Magendie has contributed largely to the recent progress of physiology, not only by his own labors, but by the taste for labor with which he has inspired the rising generation.

He has the honor of having formed a hardy set of pioneers in science, who are instant in labor and proud of their master.

I desire to speak only of those useful investigations and researches which embrace nearly all the doubtful questions of our day in physiology; and which to be finished, require a whole life of labor and of toil. But I must speak of the professor in the College of France, and tell you of these courses there instituted by him; I should speak of his doctrines, or rather of that complete absence of doctrines of which he boasted, tell you of his aversion to every species of reasoning, and of his scorn of all imagination in matters of science.

I should, finally, say something of the physician of Salpetriere, and of Hotel Dieu, to show you into what strange skepticism, and at the same time, into what radical impotence, his exclusive pre-occupation with the physical phenomena of life, caused him to fall.

M. Magendie, gentlemen, is to-day of the number of the illustrious dead, of whom truth alone should be spoken; here as always, we should dare to assert the truth, without ceasing at the same time to pay due respect to their great reputations. Such, at least, is the task which we have imposed on ourselves, a difficult and delicate task, no doubt, but one in the performance of which you have heretofore given us your support.

FRANCOIS MAGENDIE was born at Bordeaux, the 6th of October 1783. Of Antoine Magendie, an esteemed surgeon, but little known, and of Nicole de Perey, de Launay.

The early years of Magendie were passed at Bordeaux. He had already advanced in his studies considerably, when the revolution interrupted them. His parents at the same time left Bordeaux to establish themselves at Paris. The first thing that Magendie's father did was to place his son in the hospitals and amphitheatres of Paris. The latter was soon conspicuous for his zeal and assiduity. From his first concours Florial year the 11, he was the interne of the hospitals. It was an excellent debut, but our young student felt that his early education had been quite incomplete. His acquaintance with the Latin, was quite imperfect. Without delay, he formed the courageous resolution of repairing this defect, and he conducted together his anatomical and literary studies.

His ideas at that time were very humble; son of a respectable surgeon, he had no other ambition than to be some day like his father, but once entered into the laborious career of the concours, his ideas enlarged and took another direction. His first studies were associated with physiological researches; these researches developed in him a decided taste for that science, to which as we shall see, he consecrated the whole of his life. Ceasing to be interne, Magendie entered the concours, in the school for the place of assistant of Anatomy, afterwards for that of prosector. He filled these places in 1813. But long before this, viz: 1808, he had composed and defended an excellent thesis for the doctorate; in it, he treated two distinct questions; the one had reference to his primary studies, and was entirely surgical, "Fracture of the Ribs." The other became a part of his future studies, was essentially physiological, on the uses of the veil of the palate.

Up to that time the most acute, at the same time the most distinguished minds had devoted in physiology a large part of their study, to that phenomena which relate directly to life; their most serious attention had been devoted to this point. Magendie, from the beginning, did not hesitate to turn away from his masters, and study the purely physical phenomena of life.

The brilliant eclat, which at time attended physical and mathematical sciences, seduced the young physiologist. An assiduous auditor at the Academy of Sciences, he heard Laplace say that the two sciences most worthy the attention of men of genius were physiology and astronomy, "and if I place physiology in the first rank," said Laplace, "it is only because it as yet awaits its Newton." Brilliant in genius, but entangled by his own general conceptions, Bichat, at

the commencement of this century was perhaps entitled to the glory of being the Newton in Physiology. When reverting to the first periods of the world, he said that chaos was nothing more than matter without properties, and that God in order to create the universe, had endowed it with gravity, elasticity, affinity, one part being endowed with sensibility and contractility.

Far from adopting these ideas, and from thus subdividing the general properties of matter, Magendie already maintained, that a single order of properties would suffice for the explanation of all the phenomena, as well in the organic as in the inorganic kingdoms, hence that long war which he carried on against the vitalists.

His first work was a critique on the generalizations of Bichat, on the vital properties. Magendie found that all these properties might be compressed into one, which might be called vital force, and indeed, says he, this is so much, since we cannot understand it. Such was, gentleman, the starting point of Magendie, and we will see him continually reverting to this doctrine, which was, in fact, the doctrine of Descartes in physiology, since it consisted in referring the explanation of all phenomena to mechanical principles.

For the rest, Magendie exhibited a true talent for observation, and great skill in the art of directing his experiments. He submitted his first labors to the Academy of Sciences; his lectures were much thought of; it was said that science could henceforward rely upon a devoted, conscientious indefatigable cultivator. The name of the young savañ was already in every body's mouth, and shortly afterwards the government itself, showed its appreciation of his labors. Those great disasters of France occurred at that time, and she was forced to call upon her sons to drive foreigners from her soil. Although already exempted from military service, Magendie was among those who were included in the new conscription. But the government jealous of the honor of the country, and solicitous for the welfare of men of science, made a special exception, much to the credit of Magendie, and left the young savañ at his pacific operations.

An imperial decree of the 20th of January, 1814, exempted Magendie from military service. M. de Montalivet, Minister of the Interior, informed Magendie himself by a letter written the 5th of March following, "Sir," says he, "You owe it as a mark of favor to the success you have already attained in science, and I doubt not, that you will redouble your efforts to make yourself still more worthy of

it." These are favors, gentlemen, which are not less honorable to the government which accord them, than to those who receive them. Every body applauds this liberal policy, and Magendie, as had been predicted, justified, by new successes all the hopes which had been entertained of him.

His first works, we have said, began in 1809. Magendie had directed his experiments to a point in Physiology, which had been the object of numerous researches. At all these periods of science, Physiologists have asked how this eternal circulation of substances which takes place from one body to another, in all the series of organized beings took place; all had sought to follow this migration of matter, which having constituted a body for a definite period, passed into another body and so into others equally perishable, indefinitely; but for the accomplishment of this great function it was necessary that there should be *absorption* of the nutritive matter, and it was on this particular point, that Magendie composed one of his first memoirs.

There were two questions to elucidate; what were the organs which force the nutritive fluids in the intestinal tube to carry them into the sanguineous system? then—by what mechanism do these fluids traverse the intestinal tunics to arrive in the closed vessels? Magendie wrote two memoirs on these interesting questions.

The organs performing this absorption had been known for a long time, but were not well understood. It is known that at the time when Harvey discovered the true course which the blood follows in its perpetual round, that a Professor of the school of Pavia had discovered a set of vessels which might be considered as unknown, to which he gave the name of lacteals, and which were afterwards called, chyloferous vessels; then, nearly at the same time a French Anatomist, Jean Pecquet, completed this beautiful discovery, demonstrated that these white vessels united in a common reservoir, which emptied the chyle into the left sub-clavian vein.

Physiology could thus designate the direction which the chyle, formed in the intestine, was driven towards the torrent of the circulation. But are there not other routes equally open to the nutritive fluids to pass to the blood? The school of Hunter denied them; this school confined the function to the white vessels, and denied to the veins all power of absorption. Haller, above all, had opposed this doctrine in the last century; he had appealed to decisive experiments, and proved that during digestion the fluids pene-

trated also into the veins : that these consequently were associated with the lymphatics, in the absorption of the nutritive fluids in the intestines. But afterwards Bichat again refused, to the veins the property of absorption of the fluids, confining the function exclusively to the chyloferous vessels. His contemporaries, who were nearly all his pupils, adopted this opinion ; they took no account of the experiments of Haller and of Meckel. This was the condition of science when M. Magendie instituted his first experiments. He did not ignore what had been done before him ; he even declared in his memoir that his experiments were made only to add more certainty to the explanations already admitted. These experiments, otherwise executed and judiciously interpreted, permitted Magendie to establish, (these are his expressions,) that the lacteal vessels are not the exclusive organs of intestinal absorption ; a sage and legitimate conclusion, which worthily crowned his labor. But the second question remained ; this obscure problem which Haller did not dare to approach, and which was to explain by what intimate mechanism the nutritive fluids left the intestine to enter the system, either by the white vessels, or by the blood vessels. Haller was occupied only with the ascending movement of the chyle in the vessels, which he attributed to the contractility of these vessels.

Bichat said that he was doubtful on the subject, and finally owned himself entirely uncertain. "I believe," said he, "that we will never be able to explain how an absorbing orifice selects the nutritive molleculæ to drive them up its tube."

[Continued in our next.]

WORMS IN THE HEART OF A DOG.—We beg to call attention to the very interesting account which Dr. M. Schuppert, of this city, gives of the discovery of worms in the heart of a dog. Dr. S. has presented the preparation to the Museum of our new school, and the curious in such matters can there see the most remarkable specimen of the kind to be found any where. It seems almost incredible—the presence of worms more than a foot long in the cavities of the heart—yet there they are, and in such numbers as to have at last nearly filled the cavity of the ascending cava.—*New Orleans Med. News and Hospital Gaz.*

Editor's Department.

SYPHYLIZATION, FOR THE CURE OF SYPHILIS.—Our long quotation on this subject, in the present number, comes from the land of Legends and Learning—Germany; and is in our estimation a piece of practical speculation, as dangerous as it is absurd. Just think of giving a person 300 chancres, in order to cure them of one. Of poisoning the system over and over for the three hundredth time, in order to drive out a first or second poison already existing. The Homœopathic doctrine claims to cure disease by inducing one that is *similar* and milder, not by inducing and repeating the same disease. “The hair of the dog,” &c. has some reason in it compared with this. In our opinion Syphilis is one of those terrible diseases which is seldom entirely eradicated after only *one* introduction to the system, and never perhaps after the second or third systemic inoculation. It bursts forth in some of its protean forms, with volcanic force, months and years after it has been supposed to have been driven out. We shall be sorry to have to chronicle any experiments by American physicians on this *novel* mode of treatment. The truth is, we physicians in large cities have daily experience in this matter quite conclusive as to the value of the repetition of chancres in persons previously enjoying them. The fact is that the pendulum of medical science vibrates backwards, as well as forwards, and we could easily mention a number of facts which go to prove, that there are at present novelties in Surgery and Medicine which are barbarisms, and should never be dug from the ashes of oblivion to which our forefathers have consigned them. We will not now specify the particular practices, but may at some future time.

PRIVATE TUITION.—The Editor continues to receive private pupils for the whole, or any part of the usual course of instruction.

Demonstrations in Operative Surgery; Examinations on the Lectures delivered in the Colleges; Examinations of Surgical, Medical and Obstetrical cases in private and public practice, together with the use of a good medical library and cabinet of *materia medica*, are included in the curriculum.

Care is taken to ground the pupil *well* in the principles as well as the practice of medicine. For further information, terms, &c., address J. Bryan, M.D., 1306 Walnut street, Philadelphia.

TONIC CHOCOLATE DROPS.—These pleasant lozenges are enclosed in a box and contain each about one grain of hydrated iron. They are very agreeable to the taste, and a very convenient mode of administering the important tonic, iron. They have the advantage of being equally suitable to children and adults. The medicines for children by the by ought to be looked after by our Druggists and Physicians. Many diseases of children are badly treated or not treated at all, for want of convenient modes of administering ordinary remedies, cathartics for instance. We very much fear that calomel is abused in the treatment of the diseases of children, from the facility with which it is administered. If other and oftentimes safer and more appropriate remedies were accessible to the prescriber, he would not so frequently and so recklessly resort to this potent but dangerous drug. The vegetable principles should be made more available than they are. Perhaps some of the preparations called Extracts would aid us to correct this evil. Henry C. Blair & Co., corner of Eighth and Walnut streets, prepare the above drops, and any thing from their house is reliable.

MR. EMERSON'S LECTURE ON "TOWN AND COUNTRY."—We listened with great pleasure to the chaste and beautiful lecture of the Boston Essayist. He is tall, and literarily thin. As was remarked by a medical friend, the least remarkable man on the stage. As usual in the lectures of our Yankee brethren, a good degree of sensible and well applied physiology entered into the discussion. The beauties of the garden, with examples; a good walker; where the speaker might have quoted Sir Walter Scott's opinion about a stout pedestrian! The descriptions of the apple orchard, the forest and trees in general, as compared with man and other animals, were finely drawn, steel-pointed pictures. By the by, who are the members of this "Peoples' Literary Institute." We have an idea that it is a private speculation, and that no such "Institute" exists, ex-

cept on paper, and to institute a process of filling the pockets of half a dozen members. A good Yankee trick, in a Quaker city.

“ON PARLE, MAIS A MOTS COUVERTS.”—Says the Therapeutique Medico-Chirurgical, of an altercation between two members of the Academy of Medicine, Professors of the Faculty, M. Jobert and Berard. These gentlemen had assembled at Alfort to make experiments (on animals we suppose) relative to glycogenia. Berard, a few days afterwards, was attacked with appoplexy.

M. Heurteloup had a grand time also, a regular set-to, with Dubois the Secretary of the Academy, who, it seems, was the organ of an organized clique, to keep Heurteloup from reading the remainder of an important paper. Have *we* any such cliques among us?

The Hotel Beaujon, it seems, was the scene of another medical fight. In this case a grand law-suit has sprung up. We wonder whether such a thing *might* not be hatched on this side of the Atlantic. Another grand discontent has sprung into existence at the unheard of EULOGY!! of Dubois on Magendie. They say the eulogy is a slander, and that the Secretary of the Academy of Medicine has taken this opportunity to ruin the reputation of the great Physiologist. So it goes. We will translate this Eulogy and present it to our readers, so that they may judge of its merits.

In the mean time we are credibly informed that our County Medical Society is in a great ferment. One party trying to oust another, and each calling upon their friends to help them to get into, or retain office. Vive la Bagatelle.

REASONS why a Physician is glad to change his location and practice to a new neighborhood—he gets rid of a crowd of old maids, widows and other dead-heads : whose *patronage* absorbs his time and means.

FOURTH ANNUAL REPORT OF THE PRISON AGENT.—This feature in our prison system is taking quite an imposing position. It no doubt corrects many great abuses of the prison system as generally conducted. Our Aldermen and Judges have not always the time and means of learning the real condition of the cases presented to them. The Agent examines in detail and corrects many errors. Mr. W. G. Mullen is in every way well qualified for this delicate office.

S. S. & W. WOOD'S CATALOGUE OF MEDICAL BOOKS.—This list of works is one of the best we receive; it contains some of the best American and European authorities. We commend the enterprising booksellers for the sterling worth of their published works. Their address is 389 Broadway, New York.

THE ROYAL INSURANCE ALMANAC is a valuable pamphlet, issued by one of the best Insurance Companies in England. Agent for Philadelphia, George Wood, Esq., Merchants' Exchange, Third street.

PURE WATER IN PHILADELPHIA.—The water in our hydrants for the last two or three weeks is almost too muddy to run through the pipes. One of our pipes stopped entirely, and our esophagus disgorges the vile solution with abhorrence. When will Councils place a simple filter at Fairmount?

FIFTH ANNUAL REPORT of the Washington City "Young Men's Christian Association," with the Constitution, &c. &c. We consider this the germ of a great movement on this continent.

REPORT OF THE STATE LIBRARIAN.—Mr. De Witt will please accept our thanks for his interesting Report. We would be glad to know how many books the whole library contains. The State Library, State Cabinets, &c. should be well attended to by our legislatures.

OFFICERS OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY elected Feb. 6, 1858:

President—Jno. Bell, M. D.

Vice Presidents—N. L. Hatfield, M. D.; Wm. Mayberry, M. D.

Recording Secretary—R. J. Levis, M. D.

Assistant Recording Secretary—W. B. Atkinson, M. D.

Corresponding Secretary—J. A. Meigs, M. D.

Treasurer—R. P. Thomas, M. D.

ERRATA IN No. 7.—See page 242, second line from top, read *per vaginam* instead of "her *vaginam*." On the 11th line from the bottom same page for "the same doubt," &c. read still some doubt, &c. In the title of the article expunge the dash between *Hydrocephalus*—*Externus*.

THE MEDICAL KANSAS, is the McC—affair. Our Cincinnati friends are getting rabid, we leave them with Drs. Bowling and Reese, who are quite as “high-toned” men as the “Lancet and Observer.”

AN ESSAY on the Position and duties of the Medical Profession in the middle of the 19th century, by Charles Johnson, M. D., of Raleigh, N. C. A spirited production.

THE WEEKLY RECORD is received weekly from W. Tweedie, 337 Strand, London. So much for steam communication.

DR. LIVINGSTONE.—The last advices from Lisbon convey so fearful a representation of the ravages of the epidemic there, that Dr. Livingstone has thought it right to postpone his visit to that capital. He has not embarked on board the *Tagus*, according to his announced intention, but will proceed thither as soon as may be thought prudent. The object of his visit to that city is understood to be for the purpose of consulting with the Portuguese government, through whose territories on the eastern coast of Africa the great traveller purposes passing to reach the heart of the great African continent to pursue his magnificent discoveries there, and to open Central Africa to Europe through the great river Zambesi, which passes through the Portuguese possessions, and empties itself in the Mozambique Channel.—*London Lancet*.

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